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Gender Differences: Motivations for performing physical exercise among adults in Shah Alam

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Abstract

Females exhibit lower levels of physical exercise performance than males. It seems that gender factor motivates people differently, in performing regular exercise. Our objective was to determine the relationship between 21 motivating reasons for performing physical exercise and genders.We found that males showed significantly higher means score in two motivating reasons; to have a positive effect on the sex life (4.18±1.01, $p<0.001$) and more energy to go about the daily chores (4.62± .63, $p= 0.027$). No significant gender difference in the mean score for the other 19 motivating reasons. Conclusion: Both sexes were almost equally motivated in performing physical exercises.

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*Keywords:*Exercises types; gender; motivating reasons; physical exercises

1. Introduction

Physical exercise; is a physical activity that is planned, structured, repetitive, and purposeful in the objective to improve or maintain one or more components of physical fitness. (Hirano et al., 2011,Bota, et al., 2014).

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Engagement in regular physical exercise is an important part of a healthy lifestyle. Several authors (Macovei et al., 2014, Bota, et al., 2014) stated that in order to achieve the health benefits of physical activity it is important to exercise regularly. Physical exercise is of various types such as; aerobic, anaerobic and flexibility exercise. Aerobic exercise "also called cardiovascular exercise" moves the large muscle groups with alternate contraction and relaxation, forces to deep breath, heart to pump more blood with adequate tissue oxygenation. Examples are; walking, running, jogging, swimming. The anaerobic exercise, there is forceful contraction of muscle with stretching, usually mechanically aided and help to build up muscle strength and muscle bulk. Examples are; weight lifting, pulling, pushing, and sprinting. Flexibility exercise is one type of stretching exercise to improve the movements of muscles, joints, and ligaments (Siddiqui et al., 2010).The 2008 Physical Activity Guidelines for Americans, recommends that healthy adults should get per week a minimum of 150 minutes of moderate-intensity or 75 minutes as vigorous-intensity aerobic exercise, or a combination of the two (two days doing 20 - 25 minutes of vigorous exercise and two days doing 30 minutes of moderate exercise).Several researchers as, Cubukcu (2013); Monica, (2014) and Macovei et al (2014), have stated that regular exercise is linked to the prevention of cardiovascular disease, type 2 diabetes mellitus (2DM), Cancer, hypertension, obesity osteoporosis, and depression.Recently, Pedersen (2013), described that most of the exercise's benefits were mediated through the role of skeletal muscle. With the muscle contraction, myokines will be released, which promoting; the growth of new tissue, tissue repair, and multiple anti-inflammatory functions, which in turn reduce the risk of developing various inflammatory diseases. Therefore, there is a body of evidence regarding the effectiveness of regular physical exercise in the primary and secondary prevention of several chronic diseases ((Duncan et al. 2010). Interestingly, Irwin (2004), stated that; it has been proven medically that people who do regular physical exercises have a lower risk of up to; 50% type 2DM, 50% colon cancer, 35% coronary heart disease and stroke, 20% breast cancer. 30% early death, 83% osteoarthritis, 30% depression, 30% dementia. In addition, (Duncan et al. (2010), reported that the medications used for diabetes, hypertension, and increases in low-density lipoprotein (LDL) have an inverse relationship with vigorous physical exercise.In spite of the well-documented physical, psychological and social benefits of regular physical exercise, Macovei et al. (2014), reported that globally, physical inactivity remains prevalent, where about two-thirds of the populations in the industrialized world do not perform exercise regularly. Wilson &Broookfield (2009), specified one important factor that may contribute to an individual's physical exercise and regular performance, is his or her motivation to exercise. Various types of motivation have been found to influence the exercise performance regularly (Duncan et al., 2010). According to the Self-Determination Theory, Deci and Ryan (2000) stated that, the motivation towards regular physical exercise can be; extrinsically or intrinsically motivation. The extrinsic motivation involves motivation towards physical exercise in order to avoid negative feelings or to satisfy an external requirement (e.g., rewards, sanctions, expectations). So, the individuals will likely feel pressured to perform the physical exercise. Whereas, the intrinsic motivation represents the most self-determined type of motivation and refers to engaging in the activity for its sake. An intrinsically motivated person considers the physical exercise inherently enjoyable, interesting and challenging. Trost et al (2002), in their review of the literature, designating five major motivating categories: i. demographic and biological factors (gender, body weight), ii.psychological, cognitive and emotional factors (enjoyment, improve cognition and memory and decrease the risk for dementia and anxiety), iii. behavioural attributes and skills (sleep, smoking), iv. social and cultural (family or friends support),v. physical environment and (or) physical activity characteristics (satisfaction, safe and easy access to exercise facilities) are may or may not associate with exercise adherence. The USA Department of Health and Human Services (2008), stated that, there is a variation in the physical exercise performance related to the personal, social, economical, and environmental factors among different ages. Moreover, Azmi et al. (2012), detected that the reasons for people to engage in physical exercise were diverge during different age period were most probably attributed to the changing values, life tasks, goals, and health circumstances over time. Irwin (2004), revealed that, there are gender differences in physical exercise performance where females are less active than males. It seems that gender factor motivating people differently in performing regular physical exercise. Understanding the relationship between gender and motivating factors to physical exercises performances have a particular importance. Since identifying, this relationship may help in the implementation of interventions, aimed at promoting physical exercise across the lifespan. So the researcher hypothesized that man and woman possessing different motivating reasons for performing regular physical exercise. To testify this hypothesis, the current study sought to assess the motivation to physical exercise performance for adult males and females.

Objective: To study the relationship between gender of the individual with the motivating reasons for performing physical exercise.

2. Materials and methods

A pilot study was carried out prior to embarking on the main project, for testing reliability and validity of the questionnaire. Thecronbach's alpha was 0.92. Five recreational areas / parks in Shah Alam (Urban area) were chosen randomly. These areas are located at sections; 1, 2, 7, 9, and 14. Each selected area was visited during weekdays as well as weekend within the period of study (March 2013- Jun 2014). Cross sectional study was conducted, to identify the variations of physical exercise motivating reasons between gender among adult individuals. A sample of 501 adults aging 18 years and abovewho were performing exercise in one of those five recreational areas/ park areas was collected. Adult volunteering provided formal consent to the participant in this study. All participants were interviewed face to face, using a validated questionnaire. The questionnaire was structured, with no open questions. This questionnaire includes 21 items referring to the motivation for getting involved in a regular physical exercise. These items were categorized into four main domains: (a) biophysical (6 items) to;*increase the chances of living longer*, *control weight*, *obtain the weight-loss benefits*, *havestronger muscles and bone*, *have flexible body movement*, *have positive effect on the sex life*" (b) psychological, cognitive and emotional (6 items) to; *feel better about my appearance, boost the confidence and improve self-esteem, decrease the risk of depression, feel happier, feel more relaxed, connect with family or friend in a fun social setting*" (c) *medical* (6 items) to*; prevent high blood pressure, decrease the risk of stroke, decrease the risk of arthritis, decrease the risk of diabetes, decrease the risk of Cancer or it is recommended by the doctor"*, (d) behavioural (4 items) to; *improve the quality of life, have more energy to go about the daily chores, fall asleep faster and deeper".* Each item was measured on a five-point - scale, from (1) strongly disagree to (5) strongly agree. For each item of these 21 reasons, the mean score was calculated, and then used as the dependent variable versus the gender of the participant. In addition, the socio-demographic information was collected, including; age, sex, marital status, education. Medical history information and the tobacco smoking status of each participant were gotten. Each participant was asked to indicate his/her weight and height for the body mass index (BMI) calculation.Descriptive statistics (frequency, percentage, and means) was carried out. Independent t-test was used to evaluate the mean score differences between the gender variables. All statistical analyzes were conducted using IBMSPSS 21.

3. Results

Out of 501 questionnaires, 495 were in a complete status. The socio-demographic characteristics profile of the 495 study participants were as summarized in Table 1.The majority (92.1%) were Malay and Muslim (93.3%). More than half (53.7%) of the participants were females. The mean age of all respondents was 32.66 years (range 18-67 years). The educational attainment was skewed towards high level of education (72.5%), including university (57.8%) and college (14.7%) attainment, while only 9 (1.8%) had no formal education. About 2/3 (64.6%) were employed at the time of enrollment, working with a mean of 8.6 hours /day. About half of our study group, (49.3%) were unmarried. More than three- quarters (76.8%) were never smoked in his or her life. Only 14.7% were smoker currently. About 80.8% of participants were responded as free of chronic diseases. The mean BMI of all participants was 24.64 kg/m^2ranging from ,11.07-48.8. Kg/m^2.

Table 1.Socio-demographic profile of adults performing regular physical exercise.

Socio-demographic characteristics		No	(%)
Ethnic	Malay	456	92.1
Non-Malay		39	7.8
Gender	Male	229	46.3
Female		266	53.7

Religion	Muslim	465	93.9
Non Muslim		30	6.1
Marital status	Married	237	47.9
Un-married		244	49.3
Divorced/widow		14	2.8
Education	No formal education	9	1.8
Primary		9	1.8
Secondary		118	23.8
College		73	14.7
University		286	57.8
Occupation	Retired	21	4.2
Housewife		29	5.9
Employed		320	64.6
Students		105	21.2
Not employed		20	4.0
Smoking status	Current smoker	73	14.7
Never smoked		378	76.4
Ex-smoker		44	8.9
Disease status	Have chronic disease	95	19.2
No chronic disease		400	80.8
Working	Hours/day	315	63.6
Day/week		315	63.6
Time Performing Exercise	Weekdays only	48	9.7
Weekend only		203	41.0
Both weekdays/weakened		244	49.3

The highest rate of the population was (85.1%) performing walking as a type of physical exercise, followed by (55.4%) the rate of running/jogging. Female participants exhibited higher rates of physical exercise performance than males in almost all types (except two). However, these variations in rates were not significant except the walking exercise, which showed a significantly higher rate (55.6%) among females compared to (44.4%) males $x^2 = 3.85$, $p = <.05$. On the other hand, the male participants showed only significantly higher (63.6%) rate in performing other sport activities (football, festal, tennis, golf, badminton etc.) than (36.4%) females, $x^2=26.39$, $p=0.0001$, (Table-2).In respect to the motivation's reasons, the rates of positive citation for the 21 items were ranging from 41.2 % (recommended *by Doctors*) to 89.7 % (*to feel more relaxed*). More than 85% of the individuals were cited positively to the six item's motivating reasons which included, in sort of descending*, to; feel more relaxed* (89.7%), *have more energy to go about the daily chores*(88.3%), *have strong muscles and bones*(86.7%), *have flexible body movement*(85.5%), *feel happier*(85.3%), *connect with family or friend in a fun social setting* (85.1%).While all other reasons were mentioned by less than 85% of the individuals tested, (Table-3).

Table 2.Comparing the types of exercise performance with the gender of the participants.

Types of Exercise		№ (%)		X2	P*
		Male	Female		
Walking	Yes	187 (44.4)	234 (55.6)	3.85	0.05
	No	42 (56.8)	32 (43.2)		

Swimming	Yes	40 (49.4)	41 (50.6)	0.38	0.538
	No	189 (45.7)	225(54.3)		
Running/Jogging	Yes	130 (47.4)	144 (52.6)	0.35	0.557
	No	99 (44.8)	122 (55.2)		
Cycling	Yes	27 (40.9)	39 (59.1)	0.81	0.368
	No	199 (46.7)	227 (53.2)		
Aerobic	Yes	33 (40.7)	48 (59.3)	1.1	0.295
	No	193 (47.1)	218 (52.9)		
Sports activities football festal tennis, golf, badminton, etc.	Yes	96 (63.6)	55 (36.4)	26.39	<0.001
	No	130 (38.3)	211 (61.6		
Work-out or exercise in a gymnasium	Yes	39 (56.5)	30 (43.5)	3.72	0.054
	No	181 (44)	230 (56)		
Others	Yes	10 (50)	10 (50)	0.15	0.696
	No	210	251		

Table 3.The score means and rates of the21 motivation's reasons.

	Motivating Causes ,to	%Agree	Mean	±SD
	improve the quality of life	83.4	4.46	0.833
	increase the chance of living longer	71.5	4.08	0.959
	control weight,	84.8	4.42	0.850
	obtain weight-loss benefit,	81.6	4.33	0.937
	feel better about my appearance	83.2	4.35	0.922
	boost the confidence and improve self-esteem	84.4	4.40	0.853
	prevent high blood pressure	81.8	4.35	0.876
	decrease the risk of stroke	82.6	4.36	0.842
	decrease the risk of arthritis,	77.8	4.25	0.932
	decrease the risk of diabetes mellitus (DM)	73.9	4.19	0.993
	decrease the risk of depression,	84.4	4.41	0.873
	decrease the risk of cancer,	70.7	4.08	1.041
	have strong muscles and bones	86.7	4.52	0.791
	have flexible body movement	85.5	4.46	0.860
	feel happier,	85.3	4.56	2.011
16	feel more relaxed,	89.7	4.57	0.742
17	have more energy to go about the daily chores	88.3	4.55	0.736
18	fall asleep faster and deeper	75.4	4.24	1.013
19	have a positive effect on the sex life	63.2	3.94	1.133
20	connect with family or friend in a fun social setting	85.1	4.46	0.877
21	Recommended by Doctor	41.2	3.19	1.361

On the other hand, less than 75% of the participants were cited positively to the following five (most of them related to health issues) items*, to; decrease the risk of DM* (73.9%), *increase chance of living longer* (71.5%), *decrease the risk of cancer* (70.7%), *have a positive effect on the sex life*(63.2%), and *recommended by doctors*

(41.2%),(Table-3).The means score of the 21 motivating reasons were ranging from 3.19-4.57. The highest motivating reason's score mean was (4. 57) cited for the item, "*to feel more relaxed"* while the lowest (3.19) was given to the item"*recommended by doctors*". Interestingly all the motivating reason's items (except two) demonstrating a high (>4) mean score. Those two motivating reason's items were (*recommended by doctors, to have a positive effect on the sex life*) demonstrated a mean score of 3.19±1.361and 3.94±1.133 respectively (Table-3).

Table 4. Comparison of the mean score of the21 motivation's reasons with the gender of e respondents.

		Mean± (SD)		t test	P value
Motivating Causes, to		Male	Female		
1.	improve the quality of life	4.48 (.80)	4.45 (.84)	.70	.49
2.	increase the chance of living longer	4.10 (.94)	4.07 (.96)	.50	.62
3.	control weight,	4.39 (.83)	4.48 (.82)	.69	.49
4.	obtain weight-loss benefit,	4.32 (.92)	4.35 (.93)	.12	.90
5.	feel better about my appearance	4.43(.79)	4.30 (.99)	1.87	.06
6.	boost the confidence and improve self-esteem	4.42 (.83)	4.39 (.85)	.57	.57
7.	prevent high blood pressure	4.40 (.83)	4.34 (.90)	.75	.46
8.	decrease the risk of stroke	4.38 (.83)	4.34 (.85)	.79	.43
9.	decrease the risk of arthritis,	4.20 (.96)	4.29 (.91)	1.08	.28
10.	decrease the risk of diabetes mellitus (DM)	4.19(1.01)	4.18 (.98)	.26	.80
11.	decrease the risk of depression,	4.40 (.87)	4.41 (.89)	.12	.90
12.	decrease the risk of cancer,	4.09 (1.00)	4.11(1.04)	.11	.92
13.	have strong muscles and bones	4.56 (.73)	4.48 (.82)	1.16	.25
14.	have flexible body movement	4.52 (.76)	4.42 (.92)	1.48	.14
15.	feel happier	4.47 (.76)	4.63(2.67)	.78	.43
16.	feel more relaxed,	4.56 (.71)	4.58 (.75)	.11	.92
17.	have more energy to go about the daily chores	4.62 (.63)	4.49 (.81)	2.21	.027
18.	fall asleep faster and deeper	4.29 (.99)	4.19(1.04)	1.12	.27
19.	have a positive effect on the sex life	4.18(1.01)	3.72(1.18)	4.65	.000
20.	connect with family or friend in a fun social setting	4.53 (.85)	4.41 (.88)	1.78	.08
21.	Recommended by Dr.	3.25 (1.33)	3.12(1.37)	.92	.36

The mean score for each of those 21 motivating reasons was used as a dependent variable for each gender to study the relationship between the two variables. Female participants showed higher means score than males in seven motivating reasons*to;control weight (*4.48±.82vs4.39 ±.83), *obtain weight-loss benefit(*4.35±.93vs4.32±.92), *decrease the risk of arthritis(*4.29±.91vs4.20±.96), *decrease the risk of depression(*4.41±.89vs4.40±.87),*decrease the risk of cancer(*4.11±1.04vs4.09±1.0),*feel happier(*4.63±2.67vs4.47±.76),*feel more relaxed (*4.58±.75vs4.56±.71). However, statistically, these differences were not significant, t=.69, .12, 1.08, .12, .11, .78, .11, p=.49, .90, .28, 90, .92.43, .92, respectively, (Table-4). On the other hand male participants exhibited higher means score compared to the females in 14 motivating reasons, to;*improve the quality of life , increase chance of living longer, feel better about my appearance, boost confidence and improve self-esteem, prevent high blood pressure, decrease the risk of stroke, decrease the risk of DM, have strong muscles and bones, have more energy to go about the daily chores, fall asleep faster and deeper, effect on the sex life, connect with family or friend in a fun social setting, recommended by D*r Statistically, the differences of all these means score were not significant except two; *to have more energy to go about the daily chores*(4.62±63vs4.49 ±.81, p.027) *and to have a positive effect on the sex life* (4.18±1.01vs 3.72±1.18,p000) were males significantly showed greater means scores than females (Table-4).

4. Discussion

The reasons, why people engage in physical aexercises, may differ with different age group, as a result of changing values, life tasks, goals, and health circumstances over time. However, what is still less well understood is the extent to which these variable motivational factors contribute to the gender disparity in a regular physical exercise performance. Thus, the primary purpose of this study was to examine whether factors of motivations contributed differently in the gender of the individuals to performing physical exercises regularly.Contradicting with previous works, (Lenhart et al., 2012 and Mohd, et al., 2012) who's demonstrated that males were significantly more likely to do physical exercise, our study found that more than half (53.7%) of the participants were females. This finding could be explained, that, females may experience a sense of pride associated with exercise or some degree of guilt or shame if they do not exercise (Wilson.2004). Additionally, females were more interesting in their body images, specifically we noticed that the mean scores for *controlling body weight and decreasing body weight* were higher among females than males. Further, the males were more likely to be engaged in work or job, as well as having a desire to do other tasks.

A study done by Sapawi et al. (2013) revealed that no relationship between gender and walking exercise. Contradicting other researchers (Azmi, et al., 2012, Karim&Azm, 2013) our study detected that women showed significantly higher rate in performing walking exercise compared to men. The reason may be due to that walking is, easy to perform, safe, effective, does not require any training or equipment and less chance of injury. In addition, Ariffin et al. (2013), assigned walking as an economic exercise and increases interaction and community cohesion.

Contradicting to Iulian-Doru (2014) and in concurrence with Trost, et al. (2002), a high, rate (85.4%) and mean score (4.46) were detected in our study for the reason *to connec*t *with the family or friend in a fun.* This may be explained that, watching others doing exercise may help to motivate people to continue with their exercise plan, also spending time with friends, meeting new people help to build social networks.Several authors (Irwin, 2004, Monica, 2014) were considered exercise alone as a potential important technique for preventing and (or) treating mild forms of depression. They demonstrated that regular physical exercise can positively affect mental health, boost self-esteem and reduce the risk of; stress, depression, anxiety and, dementia. Moreover, the exercise can be more effective in reducing stress when it is performed with other people. In concurrence with the above studies, we noticed a high, rates and score means related to the psychological, cognitive and emotional items *"to; feel more relaxed, feel happier, decrease the risk of depression, boost the confidence and improve self-esteem."* Best explanation for such results is that the physical exercise increases; the blood and oxygen flow to the brain, the growth factors that assist to create new nerve cells, as well as the chemicals that help cognition, such, as endorphins and serotonin in the brain. Therefore, the circulating levels of both serotonin and endorphins are increased. Interestingly these levels can stay elevated for several days even if the activity is discontinued.Amazingly, in our study, the item "*recommended by Doctors*" showed the lowest motivating, rate (41.2) and score mean (3.19) behind performing a physical exercise. This reflects that the extrinsic motivation is low, where a small number of participants exercised to make peace with their physicians. This is a good positive, healthy indicator, which means that most of the population were engaging in the physical exercise for its own sake, because they enjoy the real feeling of performing the exercise. Supporting other studies (Hirano,, et al., 2011, Nasir, et al., 2013) which stated that regular physical exercise have a significant effect on the quality of life improvement, people be more active, feeling more energetic, and increases mechanical productivity in the body, our study revealed that the motivating reason"*to have more energy to go about the daily chores*" occupied the second highest rate and mean score with a significant greater score mean among males than females. This may be attributed that, males were more likely to be engaged in work or job, so exercise performance could provide the energy needed.Strong evidence was provided from several studies considering physical exercise as a highly effective way to delay or avert the development of diabetes mellitus and reducing the risk of mortality in diabetics patients depending on the fact that exercise is an insulin-independent stimulus for increased glucose uptake by the working muscle cells (Irwin, 2004, Szostak&Laurant, 2011, Macovei, et al., 2014). Additionally, with aerobic exercise the concentrations of high-density lipoprotein (HDL) will be increased while low-density lipoprotein will be decreased. Szostak&Laurant (2011) from their experimental study have revealed that the down-regulation of tumour necrosis factor-α (TNF-α) induced by skeletal-muscle-derived interleukin-6 (IL-6) which releases by the contracted skeletal muscle, may play

a role in mediating the athero protective effect. Furthermore, Szostak&Laurant (2011) said that, the exercise prevents the development of plaque as well as conversion of plaques into a vulnerable phenotype, thus preventing the appearance of fatal lesions. Contradicting Iulian-Doru et al. (2014) who found the need for healthcare is a second ranking cause. Interestingly, we noticed that all motivating factors related to the disease prevention through physical exercise "to decrease the risk of; *cancer, DM, arthritis, stroke, high blood pressure, and increase chance of living longer"* having lower rates and small motivating means score. This result may indicate that our participants were intrinsically motivating people particularly, when we detected that "*to feel more relaxed*" was associated with the highest rate (89.7) of respondents as well as with the greatest mean score (4.57) and with no significant difference between the two genders. In addition, several lines of evidence can help with the interpretation of these findings. First, the majority of our population were, young age, free of any disease (80%), non-smokers, and employed. On the other hand, this finding could be considered as a negative sign in which our population were lack of knowledge regarding the health benefits of physical exercise and not fully aware of the medical and preventive values of the physical exercise which need to be more emphasized in the future.

A study was done by Cubukcu (2013) on the role of physical activity in preventing obesity and overweight. He concluded that, physical exercise is one of the key components in obesity treatment and one of the best predictors of long-term maintenance of weight loss. From this study, we found that motivation to maintain or decrease body weight (*control weight, obtain weight-loss benefit*) was cited by 84.8% and 81.6 %. Most probably this could be attributed that the mean BMI of our population was (24.64 kg/m2) within the normal range of BMI. Exercise can be a healthy, safe and inexpensive way to achieve deep and better sleep. Irwin, (2004) suggested that the exercise in general improves sleep for the most people and helps to manage sleep disorders such as insomnia. Surprisingly, about ¾ of our respondents believe that the physical exercise improves sleep. Our result may justify that our respondents are having no sleep disorder problems in which the majority of them were young, healthy, and employed.Males exhibited significantly higher mean score for the two motivation reasons;"*to have effect on the sex life"* and "*to feel better about my appearance*". These findings support Allison et al 2005, who found that the central concern of adolescent males in performing physical exercises was for impressing others, and building relationships particularly with females, through focusing on the physical appearance of their bodies. Therefore, males are more likely to be subjected to higher pressure. In contrast, such reasons for engaging in physical exercise do not appear as prominent among females. Moreover, these findings are supporting Li F1999, who stated that females showed a higher levels of intrinsic motivation while males were more externally motivated.

5. Conclusion

Physical exercise motivation in both gender were equal, since the variation of all the motivation score's means (except two) were not significant between the genders. Males exhibited higher levels of extrinsic motivations. All motivating factors related to the disease prevention through physical exercise showed lower rates and small score means. This may indicate that our participants were intrinsically motivating people. On the other hand, this finding could be considered as a negative sign where our respondents are not fully aware of the medical and preventive values of the physical exercise. Therefore this lacking of knowledge among our population regarding the health benefits of physical exercise needs to be more emphasized in the future.

6. Limitation

The height & weight were indicated by participants, not measured by the researcher. In addition our population were adults only. However, one of this study's strengths, it may be considered as the first study to investigated the motivating factors in performing physical exercises.

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